How “safe” is it to donate a kidney?

A position paper by the ERA-EDTA DESCARTES working group

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Kidney transplantation with living donor organs is associated with longer graft and patient survival compared with deceased donor organs. Existing studies show that the recipient benefits from a living donation. – But what about the donor?

Two recent matched cohort studies from the USA and Norway published in 2014 have raised some concerns related to the long-term safety of kidney living donation. Before, studies had compared the risk of the donors to that of the general population. The result had been that donors had had a similar, even slightly better outcome. Therefore, the conclusion had been that donating a kidney did not go along with any risk for the donor. But, in fact, these studies had been biased: The average donors are healthier than the average population. In order to be able to donate a kidney, donors have to meet high health assessment criteria – they have to be rather “healthy”, indeed. Therefore, the recent studies compared the outcome of kidney donors to that of a matched, similarly “healthy” control group (and not to the general population!) – and came to a different result: In these studies, the donors did have a slightly higher risk to develop an end stage renal disease during their life-span.

In this position paper, the members of the “Developing Education Science and Care for Renal Transplantation in European States” (DESCARTES) working group board critically reviewed the most recent literature concerning the long-term risk estimates of living donation. Their conclusion: Donating a kidney is not free of risks, but the donor-associated risks are low.

So, what lessons have been learned? Prof. Daniel Abramowicz, Brussels, Belgium, and Dr. Umberto Maggiore, Parma, Italy, chairman and vice-chairman of the DESCARTES working group, point out: “An individual risk-benefit assessment is now of highest importance. Of note, the long-term risks can be forecasted. They vary greatly depending on patient profile, the cursor ranging from virtually zero to unacceptable. Besides, we have to inform the prospective donor about his/her risk, so that she/he can decide on this basis, if she/he is really willing to take it. The third lesson that can be learnt is that doctors have to recommend health-promoting behavior to the donors. The donor should know that he/she can decrease his/her risk by implementing a healthy lifestyle after the donation. All in all, the focus
has been shifted from the recipients to the recipients and the donors. The donors’ risks have so far been slightly underestimated.”

Interested in reading the full paper?  

About ERA-EDTA

With almost 7,000 members, the ERA-EDTA (“European Renal Association – European Dialysis and Transplant Association”) is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme” for young investigators as well as grant programmes. In order to involve young nephrologists in all activities ERA-EDTA has the Young Nephrologists’ Platform (YNP), a very active committee whose board includes members who are 40 years old or younger. Besides, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice” (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: several series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need of continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association’s journals, NDT (Nephrology, Dialysis, Transplantation) and ckj (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; furthermore NDT-Educational is the online educational journal, open for free to all uses, of the Society as well as the very important and useful feature of NDT-Educational “Literature Review”. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA: here all those interested in the activities of the Society can find everything that is done, all in one place! Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses, foundations all related to renal issues that actively interacts with the European Parliament. For more information please visit www.era-edta.org